

AMA PRA CATEGORY 1 CREDIT(S)[™] APPLICATION FOR CONTINUING MEDICAL EDUCATION

This document is an application for an educational activity to award *AMA PRA Category 1 Credit(s)[™]*. **Please complete all sections of the application. Please be sure that you have a minimum of at least four weeks for this application to be processed by the department and reviewed by the Program & Education Committee.** If you have any questions, please email us at eeh-acme@endeavorhealth.org.

Endeavor Health: Edward-Elmhurst Hospitals accredited CME program is accredited by the Illinois State Medical Society to provide accredited continuing medical education credit to physicians. This consists of only *AMA PRA Category 1 Credit(s)[™]* and MOC Credit (as part of an agreement between the ACCME and the respective medical boards lists). Only physicians are eligible to be awarded *AMA PRA Category 1 Credit(s)[™]*. The AMA defines physicians as those individuals who have obtained an MD, DO, or equivalent medical degree from another country. No other healthcare providers may be awarded *AMA PRA Category 1 Credit[™]*. However, accredited CME providers, such as Endeavor Health: Edward-Elmhurst Hospitals, may issue documentation of participation to non-physician participants which state the activity was certified for *AMA PRA Category 1 Credit(s)[™]*. For information on the applicability and acceptance of certificates of participation for educational activities certified for *AMA PRA Category 1 Credit[™]* from organizations accredited by the ACCME/ISMS, please consult the relevant professional licensing boards. It is the responsibility of the healthcare provider to obtain their certificate and track their own hours. All providers have access to [CloudCME®](#) to track their own credits, both internal and external.

PROPOSED ACTIVITY INFORMATION

Activity Name: _____

Activity Type Directly Provided (Edward or Elmhurst Hospital) Jointly Provided (Other)

Note: If "Jointly Provided", a Joint Providership Agreement Form will need to be completed.

Activity Format

- | | | |
|--------------------------------------------|------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> Live Activity | <input type="checkbox"/> Enduring Material | <input type="checkbox"/> Journal |
| <input type="checkbox"/> Test Item Writing | <input type="checkbox"/> Manuscript Review | <input type="checkbox"/> Regularly Scheduled Series (RSS) |
| <input type="checkbox"/> PI CME | <input type="checkbox"/> Internet POC Learning | |
| <input type="checkbox"/> Other: _____ | | |

Delivery Format

- | | | |
|-------------------------------------------------|--------------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> In Person Only | <input type="checkbox"/> Video Conference Only | <input type="checkbox"/> In Person & Video |
| <input type="checkbox"/> Online (Enduring Only) | <input type="checkbox"/> Journal (Enduring Only) | |

Will you be recording this presentation to be posted by the CME program on CloudCME®?

- Yes No

Note: If "Yes", please refer to the Endeavor Health: Edward-Elmhurst Hospitals Accredited CME Program Policies and Procedures document regarding Enduring Material.

Who will conduct registration for this activity?

- CME Program (through CloudCME®) Activity Planners (SurveyMonkey, SignUpGenius, etc.)

Note: If "Activity Planners", Full Name, Degree, Profession, Email must be collected.

EDUCATIONAL APPROACH

Please indicate why you chose this activity format for the educational approach to change learner outcomes

The CME program can enter information here for your review if you are unsure.

Activity Description

This will be shown on the course page on CloudCME® and marketing materials. Tips/examples below:

Add data from reliable sources, explain why we are doing this activity.

1. *Who is it for?*
 - *Primary Care Providers need to know why...*
 - *Trauma physicians are not aware of new methods of...*
2. *Write what gap this activity will bridge.*
 - *This educational activity is specifically designed to...*
 - *This simulation is specifically designed for trauma physicians who are not aware of...*

Number of Credits to be Awarded: _____

This coincides with the amount of educational time in 15-minute increments (.25, .50, .75, 1.0, etc.)

Does the content of the activity contain clinical or non-clinical (leadership, communication, ethics, professional responsibilities, etc.) information or a combination of both?

- Clinical Non-Clinical Combination

Department(s)

Select the most applicable medical staff department for which this activity was designed:

- | | | |
|---------------------------------------------|------------------------------------------------------|-------------------------------------|
| <input type="checkbox"/> All Departments | <input type="checkbox"/> Administration/Non-Clinical | <input type="checkbox"/> Anesthesia |
| <input type="checkbox"/> Emergency Medicine | <input type="checkbox"/> Family Medicine | <input type="checkbox"/> Medicine |
| <input type="checkbox"/> OB/GYN | <input type="checkbox"/> Pathology | <input type="checkbox"/> Pediatrics |
| <input type="checkbox"/> Psychiatry | <input type="checkbox"/> Radiology | <input type="checkbox"/> Surgery |

Other: _____

LOCATION AND DATE(S)/TIME(S) OF ACTIVITY

Please complete the following fields based on where the activity will take place:

Location(s): _____

Room: _____

Room Capacity (if applicable): _____

Video Link (if virtual): _____

City: _____ State: _____ Country: _____

Start Date: _____ End Date: _____

Start Time: _____ End Time: _____

Recurrence (for RSS activities):

- Weekly
 Every Other Week
 Monthly
 Every Other Month
 Quarterly

On:

- Mondays
 Tuesdays
 Wednesdays
 Thursdays
 Fridays
 Saturdays
 Sundays

Additional Information (specific dates, exceptions, holidays, etc.):

TARGET AUDIENCE

Please select the specialties that represent the target audience for which the activity was designed

- | | | | |
|----------------------------------------------------|-----------------------------------------------|--------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Administrative | <input type="checkbox"/> APP | <input type="checkbox"/> All Specialties | <input type="checkbox"/> Allergy/Immunology |
| <input type="checkbox"/> Anesthesiology | <input type="checkbox"/> Chiropractic | <input type="checkbox"/> Dermatology | <input type="checkbox"/> Emergency Med. |
| <input type="checkbox"/> Family Medicine | <input type="checkbox"/> Integrative Medicine | <input type="checkbox"/> Internal Medicine | <input type="checkbox"/> Medicine |
| <input type="checkbox"/> Multidisciplinary | <input type="checkbox"/> OB/GYN | <input type="checkbox"/> Ophthalmology | <input type="checkbox"/> Oral-Dental Medicine |
| <input type="checkbox"/> Orthopedic Surgery | <input type="checkbox"/> Otolaryngology | <input type="checkbox"/> Pathology | <input type="checkbox"/> Pediatrics |
| <input type="checkbox"/> Physical Medicine & Rehab | <input type="checkbox"/> Plastic Surgery | <input type="checkbox"/> Podiatry | <input type="checkbox"/> Psychiatry/Psychology |
| <input type="checkbox"/> Pulmonology | <input type="checkbox"/> Radiology | <input type="checkbox"/> Surgery | <input type="checkbox"/> Urology |

Other: _____

PLANNERS

Please complete the information below for each person involved in any aspect of the activity (this includes planning, development, content creation, etc.). Include name, credentials, educational degree(s), and role in planning. Please refer to the [Endeavor Health: Edward-Elmhurst Hospitals Accredited CME Program Policies and Procedures](#) document for more information on planner responsibilities.

PRIMARY PLANNER	
First Name	
Last Name	
Email	
Title	
Degree (if applicable)	
Department	
Will this planning committee member be limited to a non-clinical subject only (i.e. communication, leadership, ethics, etc.)?	

PLANNER 2	
First Name	
Last Name	
Email	
Title	
Degree (if applicable)	
Department	
Will this planning committee member be limited to a non-clinical subject only (i.e. communication, leadership, ethics, etc.)?	

PLANNER 3	
First Name	
Last Name	
Email	
Title	
Degree (if applicable)	
Department	
Will this planning committee member be limited to a non-clinical subject only (i.e. communication, leadership, ethics, etc.)?	

If there are additional planners, please enter their information below:

SPEAKERS/FACULTY

Speakers/faculty must have documented qualifications that demonstrate their education and/or experience in the content they are presenting. Expertise in subject matter can be evaluated based on education, professional achievements and credentials, work experience, honors, awards, professional publications, etc. The qualifications must address how the individual is knowledgeable about the topic and how expertise has been gained.

Speakers participating in a sponsored activity are expected to disclose to the audience whether they have any financial relationships with any ineligible companies (those whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients). <https://accme.org/rule/eligibility/>

Please refer to the [Endeavor Health: Edward-Elmhurst Hospitals Accredited CME Program Policies and Procedures](#) document for more information on speaker responsibilities.

PRIMARY SPEAKER/FACULTY	
First Name	
Last Name	
Email	
Degree (if applicable)	

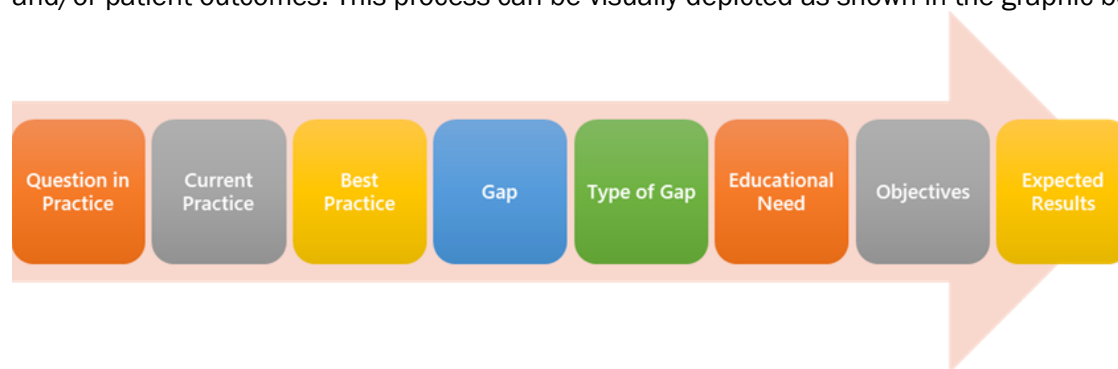
SPEAKER 2	
First Name	
Last Name	
Email	
Degree (if applicable)	

SPEAKER 3	
First Name	
Last Name	
Email	
Degree (if applicable)	

If there are additional speakers, please enter their information below:

GAP ANALYSIS, NEEDS ASSESSMENT, BARRIERS

The CME planning process is based on a foundation of needs assessment which serves professional practice gaps of the intended audience, articulate the needs, and outline the objectives and expectations necessary to design learning activities that will change competence, performance, and/or patient outcomes. This process can be visually depicted as shown in the graphic below.



Our current professional practice is less than ideal because:

- Knowledge Gap (Providers don't KNOW something)
- Competence Gap (Providers don't KNOW HOW TO DO something)
- Performance Gap (Providers are NOT DOING SOMETHING in practice they SHOULD BE DOING)

Describe how you discovered providers had the gap or problem described above:

Were you able to discover there was a gap or problem based on quality improvement data, health outcomes data, chart reviews, clinical practice guidelines, data from federal, state and local sources, literature review, etc.

Will you be providing non-educational intervention(s) with this activity? Yes No

What type of needs assessment method was used to plan this event? Check all that apply and **please provide a copy of this information with this application:**

- Evidence-based, peer-reviewed literature
- Outcomes data that supports team-based education
- Quality care data
- Issues identified by colleagues
- Problematic/uncommon causes
- Ongoing consensus of diagnosis made by physician(s) on staff
- Advice from authorities of the field or societies
- Formal or informal survey results of target audience, faculty, or staff
- Discussions in departmental meetings (**please provide copy of minutes**)
- Government sources or consensus reports
- Board examinations and/or recertification requirements
- New technology, methods, or diagnosis/treatment
- Legislative, regulatory, or organizational changes impacting patient care
- Joint Commission Patient Safety Goal/Competency
- New medication(s) or indication(s)
- Health trends/medical data/public health data and trends
- Needs Assessment Report

What barriers have impeded change?

Provider Barriers

- Commitment to change
- Translating evidence into practice
- Learning and/or teaching style
- Lack of time to learn or practice new concept
- Learners may not view the change as effective
- Challenges with implementation
- Safety/legal concerns
- Lack of peer or support staff
- Biases (individual, implicit, etc.)

Team Barriers

- Roles/Responsibilities with implementation
- Communication issues
- Team Consensus
- Team/System biases
- Shared values/trust for effective change
- Team structure/lack of support for team
- Lack of time to learn or practice concept

Patient Barriers

- Patient commitment to change
- Patient family biases
- Patient challenges to put evidence into practice
- Patient receives conflicting information

System/Organization Barriers

- | | |
|------------------------------------------------------------------------|-------------------------------------------------------------------------|
| <input type="checkbox"/> Lack of time to learn or practice new concept | <input type="checkbox"/> Challenges with practice or process guidelines |
| <input type="checkbox"/> Lack of support from peers/leadership | <input type="checkbox"/> Lack of funding to support change |
| <input type="checkbox"/> Safety/legal concerns | |

Other Barriers

- | | |
|-------------------------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Cultural/racial disparities | <input type="checkbox"/> Social/equity disparities |
| <input type="checkbox"/> Gender/sexual identification disparities | |

Please explain how the identified barriers will be addressed:

OBJECTIVES, LEARNING OUTCOMES, AND COMPETENCIES

What do you expect your participants to be able to do as a result of participating in this activity?

At least three objectives per one hour topic are required. These objectives will be stated in the promotional brochure and activity’s syllabus. Based on the educational gap identified, what do you want your learners to be able to DO at the conclusion of your educational activity? Objectives should be actionable items. See [this link](#) for a list of acceptable action verbs.

Objectives must outline what learners should know, know how to do, or should be able to do after an educational activity. Stating your objectives in all communications is necessary and essential in planning, implementing, and evaluating desired outcomes of CME activities. Objectives need to clearly link the gap to the desired outcomes and should be both **attainable and measurable**.

Objective #	At the conclusion of this activity, participants will be able to:
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
Additional (attach Word document)	

ACCMCE Outcomes

- Learner Competence (Learner shows how to do)
 - Objective Measurement (observed, tested)
 - Subjective Measurement (self-reported)

- Learner Performance (Learner demonstrates in practice)
 - Objective Measurement (observed, tested)
 - Subjective Measurement (self-reported)

- Patient Health (Effects of what learner has done for a few)
 - Objective Measurement (observed, tested)
 - Subjective Measurement (self-reported)

- Community/Population Health (Effects of what learner has done for many)
 - Objective Measurement (observed, tested)
 - Subjective Measurement (self-reported)

- Learner Knowledge will also be measured for this activity
 - Objective Measurement (observed, tested)
 - Subjective Measurement (self-reported)

Desirable Physician Attributes/Core Competencies

CME activities must be developed in the context of desirable physician attributes. Indicate which of the Accreditation Council for Graduate Medical Education (ACGME), and/or American Board of Medical Specialties (ABMS), Institute of Medicine (IOM), and Interprofessional Education Collaborative (IPEC) core competencies will be addressed by this CME activity. (Please only select the core competencies that most closely reflect the educational agenda of your activity).

ACGME/ABS Competencies

- Patient Care or Procedural Skills
- Practice-Based Learning and Improvement
- Professionalism
- Medical Knowledge
- Interpersonal & Communication Skills
- System-Based Practice

Institute of Medicine Competencies

- Provide Patient-Centered Care
- Work in Interdisciplinary Teams
- Employ Evidence-Based Practice
- Apply Quality Improvement
- Utilize Informatics

Interprofessional Education Collaborative Competencies

- Values/Ethics
- Roles/Responsibilities
- Communication
- Teams & Teamwork

LEARNER ENGAGEMENT

How do you plan to engage learners in the educational activity? Check all that apply:

- Audience response/polls during didactic lecture
- Demonstration of skill
- Small group discussion/interaction with audience
- Case-based learning/scenarios
- Workshop/hands-on/role play
- Multi-media (video, animation, etc.) embedded with didactics
- Pre/post assignment applicable to education
- Other: _____

MARKETING MATERIALS

ISMS and ACCME have strict guidelines regarding marketing of CME activities. All promotional material must be reviewed by the CME department prior to distribution; this includes all “save-the-dates” and full brochures. **Promotional materials which include more information (objectives, activity description) must include the full accreditation statement with the amount of credit being awarded. The CME department will either generate a flyer with all this information, or you may contact the department for the appropriate wording once the activity has been approved.**

PLANNER UNDERSTANDING – EVALUATION OF THE LEARNER

All activities must include a comprehensive evaluation component that assesses the individual learner’s competence, knowledge, and/or skill. The CME department depends on the planners to ensure that the highest educational standards are met each time an activity takes place.

Please indicate that you plan to meet the following methods for evaluation and feedback for your activity by checking the appropriate boxes below:

- Yes, the evaluation measures the competence or performance of the individual learner (not the activity) and is not anonymous
- Yes, the participation threshold must be communicated to the learner prior to engagement in the activity
- Yes, evaluation of the learner and feedback to the learner must be completed before completion credit is awarded

EXHIBITORS

Will you be allowing an ineligible company (one whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients) to market (advertise, sales, exhibits, promotion) during this activity?

Yes No

Note: If "Yes", a CME Activity Exhibit Agreement will need to be completed by exhibitor(s).

Per the ISMS Accreditation Requirements (v. January 2022) Standard 5:

Accredited providers are responsible for ensuring that education is separate from marketing by ineligible companies (those whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients) – including advertising, sales, exhibits, and promotion – and from nonaccredited education offered in conjunction with accredited education.

1. Arrangements to allow ineligible companies to market or exhibit in association with accredited education must not:
 - a. Influence any decisions related to the planning, delivery, and evaluation of the education.
 - b. Interfere with the presentation of the education.
 - c. Be a condition of the provision of financial or in-kind support from ineligible companies for the education.
2. Learners must be able to easily distinguish between accredited education and other activities.
 - a. Live continuing education activities: marketing, exhibits, and nonaccredited education developed by or with influence from an ineligible company or with planners or faculty with unmitigated financial relationships must not occur in the educational space within 30 minutes before or after an accredited education activity. Activities that are part of the event but are not accredited for continuing education must be clearly labeled and communicated as such.
 - b. Print, online, or digital continuing education activities: Learners must not be presented with marketing while engaged in the accredited education activity. Learners must be able to engage with the accredited education without having to click through, watch, listen to, or be presented with product promotion or product-specific advertisement.
 - c. Educational materials that are part of accredited education (such as slides, abstracts, handouts, evaluation mechanisms, or disclosure information) must not contain any marketing produced by or for an ineligible company, including corporate or product logos, trade names, or product group messages.
 - d. Information distributed about accredited education that does not include educational content, such as schedules and logistical information, may include marketing by or for an ineligible company.
3. Ineligible companies may not provide access to, or distribute, accredited education to learners.

ACTIVITY EVALUATION TYPE

RSS planners must choose one or more of the first three options. All other activity types can choose any of the following mechanisms, but at least ONE mechanism must be selected (examples of each included below):

- Case-based discussion (during activity)
- Written response evaluation (during activity)
- Quiz/exercise (during activity)
- Post-activity written response evaluation and follow-up (not case-based, CME department-administered)
- Pre/post activity online quiz (CME department-administered, questions generated by planners/speakers)

CASE-BASED

Evaluation Method: Learners are asked to share with each other and the group about how they would approach the case at various stages.

Passing Standard: Learners actively participate in the conversation as judged by a group leader or planner.

Feedback Method: Learners actively participate in the conversation as judged by a group leader or planner.

WRITTEN RESPONSE

Evaluation Method: Learners write down what they have learned and indicate commitment to change or maintain an element of practice.

Passing Standard: Learners write down what they have learned and indicate commitment to change or maintain an element of practice.

Feedback Method: Leader/facilitator summarizes what was discussed and provides next best steps for the learner.

QUIZ/EXERCISE:

Evaluation Method: (1) Quiz: Learners complete answers to a quiz during or after an activity; **or (2)**

Exercise: Learners write down next steps in an evolving case at various set points.

Passing Standard: (1) Quiz: Percent of correct answers set by provider; **or (2) Exercise:** Learners write a possible next step to each question

Feedback Method: (1) Quiz: Best answer to each question is discussed or shared; **or (2) Exercise:** Best practice at each step is discussed or shared after each set point.

(OPTIONAL) MAINTENANCE OF CERTIFICATION (MOC) CREDITS

If you are interested in earning Maintenance of Certification (MOC) credits for your activity, please contact the CME department at eeh-acme@endeavorhealth.org. There are specific requirements for each specialty board that will need to be reviewed with the activity in question. Participating certifying boards, as of March 2026, include the following: **ABA, ABIM, ABOS, ABOHNS, ABPath, ABP, ABS, ABPMR, ABTS**. The CME department submits learner completion data for each activity registered as MOC through the ACCME PARS web system. When participant completion data is submitted, specialty boards verify the participant's submission through **specialty board ID #, NPI #, state license #, and birth date and month (year not required)**. If verified, the participant's specialty board MOC record is updated within 24-48 hours of submission. Submissions to the ACCME occur within 30 days of the learner engaging in the activity and completing the MOC requirements.

To ensure that participants receive credit, physicians need to update their CloudCME® profile and include their specialty board ID#. This must be communicated to them during the marketing process by the planners and the CME department (via website posting) and again by the planners during the activity. It is the responsibility of the planners to communicate this to participants on the day of the event for accurate documentation. Any participants who do not provide their specialty board ID #, NPI #, state license #, and birth date in their profiles are not granted MOC credit.

Please refer to the ACCME's [MOC Assessment Recognition Program Guide](#) for specific details.

Are you interested in MOC credit(s) for this activity? Yes No

Type of MOC:

ABA ABIM ABOS ABOHNS ABPath ABP ABS ABPMR ABTS

Note: If MOC is selected, a form specific to that MOC will need to be completed.

(OPTIONAL) COMMENDATION CRITERIA

The Accreditation Council for Continuing Medical Education (ACCME) encourages and rewards accredited CME providers for implementing best practices in educational methods, engagement, evaluation, assessment of change, and generating meaningful outcomes.

Please determine which of the following best applies to your activity.

Promotes Team-Based Education

- Members of interprofessional teams are engaged in the planning and delivery of interprofessional continuing education (ICPE).
- Patient/public representatives are engaged in the planning and delivery of CME
- Students of the health professions are engaged in the planning and delivery of CME

Addresses Public Health Priorities

- The provider advances the use of health and practice data for healthcare improvement
- The provider addresses factors beyond critical care that affect health populations
- The provider collaborates with other organizations to more effectively address population health issues

Enhances Skills

- The provider designs CME to optimize communication skills of learners
- The provider designs CME to optimize technical and procedural skills of learners
- The provider creates individualized learning plans for learners
- The provider utilizes support strategies to enhance change as an adjunct to its CME

Achieves Outcomes

- The provider demonstrates improvement in the performance of learners
- The provider demonstrates healthcare quality improvement
- The provider demonstrates the impact of the CME program on patients or their communities

ATTESTATION

As the Primary Planner, I attest to the following:

- I have reviewed the [Endeavor Health: Edward-Elmhurst Hospitals Accredited CME Program Policies & Procedures](#) document and have shared that document with all planners and speakers for their review and understanding.
- I have accurately completed this application on behalf of the planning team
- I accept responsibility for the planning, implementation, and evaluation of this CME activity
- I agree to submit an accurate report of outcome measures on this activity to the CME program when available
- I agree to submit documentation of participation within three business days of the event.
- I understand that non-compliance of any of the standards outlined in the [Endeavor Health: Edward-Elmhurst Hospitals Accredited CME Program Policies & Procedures](#) document may result in denial of applications.

Please submit this application as a PDF with the file name: CME-application-lastname-[DATE]

 Planner Printed Name

 Planner Signature

 Date

The Endeavor Health: Edward-Elmhurst Hospitals Accredited CME Program reserves the right to deny CME credit for any reason. Reasons the Endeavor Health: Edward-Elmhurst Hospitals Accredited CME Program may choose to deny CME credit include, but are not limited to, the inclusion or dissemination of incorrect, inadequate, inappropriate, or commercially biased content. Additionally, CME credit may be denied if the content is deemed to advocate for unscientific approaches to diagnosis or therapy or is determined to have risks or dangers that outweigh the benefits to the treatment of patients.

Noncompliance – The Endeavor Health: Edward-Elmhurst Hospitals Accredited CME Program reserves the right to terminate the accreditation of an accredited activity at any time. CME credit can be withdrawn for noncompliance with the policies outlined in the [Endeavor Health: Edward-Elmhurst Hospitals Accredited CME Program Policies & Procedures](#).

CME Department USE ONLY

Approved for _____ AMA PRA Category 1 Credit(s)TM x _____ meetings (if live/RSS)

Denied

Insufficient Planning Insufficient needs assessment
 Incomplete proposed program

Signature: _____ **Date:** _____

Chair, Program & Education Committee